

*Amended*

CHAPTER 13 PLAN  
UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO. 11-50040

Debtor Catina M. Hopkins SS # XXX-XX-2711 Current Monthly Income \$1,368.00  
Joint Debtor \_\_\_\_\_ SS # XXX-XX- Current Monthly Income \$ \_\_\_\_\_  
Address 98 Cockrell Road, Brooksville, MS 39739 No. of Dependents 2  
Telephone No. 662-738-5430 TAX REFUNDS AND EIC FOR DISTRIBUTION: \_\_\_\_\_

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured / priority debts must be provided for in this plan.

**PAYMENT AND LENGTH OF PLAN**

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

- (A) Debtor shall pay \$ 150.00 per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee.  
A payroll deduction order will be issued to Debtor's employer @: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(B) Joint Debtor shall pay \$ \_\_\_\_\_ per (monthly / semi-monthly / weekly / bi-weekly) to the Chapter 13 Trustee.  
A payroll deduction order will be issued to Debtor's employer @: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PRIORITY CREDITORS.** Filed claims that are not disallowed to be paid in full: IRS \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo  
State Tax Commission \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo Other \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /mo

**DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

beginning \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month shall be paid:  
\_\_\_\_\_ direct \_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in the amount of \$ \_\_\_\_\_ shall be paid \$ \_\_\_\_\_ per month:  
\_\_\_\_\_ through payroll deduction \_\_\_\_\_ through the plan.

**HOME MORTGAGE(S)**

MTG PMTS TO: Green Tree BEGINNING 1-11 @ \$ 330.00 ( ) PLAN ☒ DIRECT  
MTG PMTS TO: \_\_\_\_\_ BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ ( ) PLAN ( ) DIRECT  
MTG PMTS TO: \_\_\_\_\_ BEGINNING \_\_\_\_\_ @ \$ \_\_\_\_\_ ( ) PLAN ( ) DIRECT  
MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO\*  
(\*Including interest at \_\_\_\_\_%)  
MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO\*  
(\*Including interest at \_\_\_\_\_%)  
MTG ARREARS TO: \_\_\_\_\_ THROUGH \_\_\_\_\_ \$ \_\_\_\_\_ @ \$ \_\_\_\_\_ /MO\*  
(\*Including interest at \_\_\_\_\_%)

Debtor's Initials C.H. Joint Debtor's Initials \_\_\_\_\_

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EXHIBIT

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**SECURED CLAIMS.** Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
Advantage Fin.	household goods	2,074.46	500.	7 %	652.00	11.00
* Dowdle Gas	household goods	950.00	950.	7 %	1,027.00	17.00
* First Franklin Fin	household goods	702.00	350.	7 %	457.00	10.00
Republic Finance	household goods	2,343.46	500.	7 %	652.00	11.00
* Senter's	household goods	381.00	381.	7 %	497.00	9.00
* Tower Loan	household goods	2,904.00	1,500.	7 %	1,958.00	33.00
				%		

**SPECIAL CLAIMANTS.** (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name	Collateral or Type of Debt	Approx. Amt. Owed	Proposal to Be Paid

**SPECIAL PROVISIONS** for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

\* **UNSECURED DEBTS** totaling approximately \$ 10,339.51 ~~6,400.51~~ are to be paid in deferred payments to Creditors that have filed claims that are not disallowed: \_\_\_\_\_ IN FULL or 5 % (PERCENT) MINIMUM.

Total Attorney Fees Charged \$ 2,800.00  
 Attorney Fees Previously Paid \$ -0-  
 Attorney fees to be paid through the plan \$ 2,800.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Name/Address/Phone # of Vehicle Insurance Co./Agent

Attorney for Debtor (Name/Address/Phone # / Email)

Timothy L. Gowan  
 Post Office Box 401  
 Macon, MS 39341

Telephone/Fax

Telephone/Fax 662-726-2000/662-726-4040

E-mail Address tlgowan@hotmail.com

DATE: 1-6-11

DEBTOR'S SIGNATURE  
 JOINT DEBTOR'S SIGNATURE  
 ATTORNEY'S SIGNATURE

*Cathie Hogg*  
*[Signature]*